

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Eastern Division DIVISION

In re: NAVARRO, LILIA

§ Case No. 15-08508

§

§

§

Debtor(s)

**CHAPTER 7 TRUSTEE'S FINAL ACCOUNT AND DISTRIBUTION
REPORT CERTIFICATION THAT THE ESTATE HAS BEEN FULLY
ADMINISTERED AND APPLICATION TO BE DISCHARGED (TDR)**

Deborah Ebner, chapter 7 trustee, submits this Final Account, Certification that the Estate has been Fully Administered and Application to be Discharged.

1) All funds on hand have been distributed in accordance with the Trustee's Final Report and, if applicable, any order of the Court modifying the Final Report. The case is fully administered and all assets and funds which have come under the trustee's control in this case have been properly accounted for as provided by law. The trustee hereby requests to be discharged from further duties as a trustee.

2) A summary of assets abandoned, assets exempt, total distributions to claimants, claims discharged without payment, and expenses of administration is provided below:

| | |
|--|--|
| Assets Abandoned: <u>\$6,583.00</u> <i>(without deducting any secured claims)</i> | Assets Exempt: <u>\$4,500.00</u> |
| Total Distributions to Claimants: <u>\$54,371.88</u> | Claims Discharged Without Payment: <u>\$31,733.19</u> |
| Total Expenses of Administration: <u>\$55,628.12</u> | |

3) Total gross receipts of \$125,000.00 (see **Exhibit 1**), minus funds paid to the debtor and third parties of \$15,000.00 (see **Exhibit 2**), yielded net receipts of \$110,000.00 from the liquidation of the property of the estate, which was distributed as follows:

| | CLAIMS SCHEDULED | CLAIMS ASSERTED | CLAIMS ALLOWED | CLAIMS PAID |
|---|---------------------|--------------------|-------------------|----------------|
| SECURED CLAIMS (from Exhibit 3) | \$413.00 | \$44,948.44 | \$44,948.44 | \$44,948.44 |
| PRIORITY CLAIMS: CHAPTER 7 ADMIN. FEES AND CHARGES (from Exhibit 4) | \$0.00 | \$55,628.12 | \$55,628.12 | \$55,628.12 |
| PRIOR CHAPTER ADMIN. FEES AND CHARGES (from Exhibit 5) | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| PRIORITY UNSECURED CLAIMS (from Exhibit 6) | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| GENERAL UNSECURED CLAIMS (from Exhibit 7) | \$40,230.00 | \$23,538.63 | \$23,538.63 | \$9,423.44 |
| TOTAL DISBURSEMENTS | \$40,643.00 | \$124,115.19 | \$124,115.19 | \$110,000.00 |

4) This case was originally filed under chapter 7 on 03/10/2015. The case was pending for 13 months.

5) All estate bank statements, deposit slips, and canceled checks have been submitted to the United States Trustee.

6) An individual estate property record and report showing the final accounting of the assets of the estate is attached as **Exhibit 8**. The cash receipts and disbursements records for each estate bank account, showing the final accounting of the receipts and disbursements of estate funds is attached as **Exhibit 9**.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Dated: 03/31/2016

By: /s/ Deborah Ebner
Trustee

STATEMENT This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**EXHIBITS TO
FINAL ACCOUNT**

EXHIBIT 1 – GROSS RECEIPTS

| DESCRIPTION | UNIFORM TRAN. CODE ¹ | \$ AMOUNT RECEIVED |
|---|------------------------------------|-----------------------|
| Workers compensation case pending with Salk & As | 1129-000 | \$125,000.00 |
| TOTAL GROSS RECEIPTS | | \$125,000.00 |
| ¹ The Uniform Transaction Code is an accounting code assigned by the trustee for statistical reporting purposes. | | |

EXHIBIT 2 – FUNDS PAID TO DEBTOR & THIRD PARTIES

| PAYEE | DESCRIPTION | UNIFORM TRAN. CODE | \$ AMOUNT PAID |
|---|--|-----------------------|--------------------|
| Lilia Navarro | Ref # EXEMPTION OF DEBTOR; \$15,000.00 | 8100-000 | \$15,000.00 |
| TOTAL FUNDS PAID TO DEBTOR & THIRD PARTIES | | | \$15,000.00 |

EXHIBIT 3 - SECURED CLAIMS

| Claim NO. | CLAIMANT | UNIFORM TRAN. CODE | CLAIMS SCHEDULED (from Form 6D) | CLAIMS ASSERTED | CLAIMS ALLOWED | CLAIMS PAID |
|----------------------|---------------------------------------|--------------------|---------------------------------|--------------------|--------------------|--------------------|
| | Metro Anesthesia Consultant | 4220-000 | NA | \$1,700.00 | \$1,700.00 | \$1,700.00 |
| | Midwest Neurusurgery | 4220-000 | NA | \$416.62 | \$416.62 | \$416.62 |
| | American Center for Spine | 4220-000 | NA | \$658.08 | \$658.08 | \$658.08 |
| | Industrial Pharmacy Management | 4220-000 | NA | \$1,203.33 | \$1,203.33 | \$1,203.33 |
| | Chicago Orthopedic & Sports Medicine | 4220-000 | NA | \$1,095.00 | \$1,095.00 | \$1,095.00 |
| | Medicos Pain and Surgical Specialists | 4220-000 | NA | \$2,000.00 | \$2,000.00 | \$2,000.00 |
| | Medicos Pain & Surgical Specialists | 4220-000 | NA | \$9,000.00 | \$9,000.00 | \$9,000.00 |
| | Lake Conty Nuero Monitoring | 4220-000 | NA | \$2,394.98 | \$2,394.98 | \$2,394.98 |
| | Elite Physical Therapy | 4220-000 | NA | \$10,348.00 | \$10,348.00 | \$10,348.00 |
| | Archer Open MRA | 4220-000 | NA | \$1,132.43 | \$1,132.43 | \$1,132.43 |
| | Marque Medicus Fullerton | 4220-000 | NA | \$15,000.00 | \$15,000.00 | \$15,000.00 |
| N/F | Chase/BEST BUY | 4110-000 | \$413.00 | NA | NA | NA |
| TOTAL SECURED | | | \$413.00 | \$44,948.44 | \$44,948.44 | \$44,948.44 |

EXHIBIT 4 – CHAPTER 7 ADMINISTRATIVE FEES and CHARGES

| PAYEE | UNIFORM TRAN. CODE | CLAIMS SCHEDULED | CLAIMS ASSERTED | CLAIMS ALLOWED | CLAIMS PAID |
|--|--------------------|------------------|--------------------|--------------------|--------------------|
| Deborah K. Ebner, Trustee | 2100-000 | NA | \$8,750.00 | \$8,750.00 | \$8,750.00 |
| Deborah K. Ebner, Trustee | 2200-000 | NA | \$283.03 | \$283.03 | \$283.03 |
| Deborah K. Ebner | 3110-000 | NA | \$3,518.00 | \$3,518.00 | \$3,518.00 |
| Rabobank, N.A. | 2600-000 | NA | \$106.59 | \$106.59 | \$106.59 |
| Steven B Salk | 3210-000 | NA | \$41,666.67 | \$41,666.67 | \$41,666.67 |
| Steven B Salk | 3220-000 | NA | \$1,303.83 | \$1,303.83 | \$1,303.83 |
| TOTAL CHAPTER 7 ADMIN. FEES AND CHARGES | | \$0.00 | \$55,628.12 | \$55,628.12 | \$55,628.12 |

EXHIBIT 5 – PRIOR CHAPTER ADMINISTRATIVE FEES and CHARGES

| PAYEE | UNIFORM TRAN. CODE | CLAIMS SCHEDULED | CLAIMS ASSERTED | CLAIMS ALLOWED | CLAIMS PAID |
|-------|-----------------------|---------------------|--------------------|-------------------|----------------|
| None | | | | | |

EXHIBIT 6 – PRIORITY UNSECURED CLAIMS

| CLAIM NO. | CLAIMANT | UNIFORM TRAN. CODE | CLAIMS SCHEDULED (from Form 6E) | CLAIMS ASSERTED (from Proofs of Claim) | CLAIMS ALLOWED | CLAIMS PAID |
|--------------|----------|--------------------------|---------------------------------------|---|-------------------|----------------|
| None | | | | | | |

EXHIBIT 7 – GENERAL UNSECURED CLAIMS

| CLAIM NO. | CLAIMANT | UNIFORM TRAN. CODE | CLAIMS SCHEDULED (from Form 6F) | CLAIMS ASSERTED (from Proofs of Claim) | CLAIMS ALLOWED | CLAIMS PAID |
|-----------|---|--------------------------|---------------------------------------|---|-------------------|----------------|
| 1 | Quantum3 Group LLC | 7100-000 | \$1,100.00 | \$1,310.56 | \$1,310.56 | \$524.68 |
| 2 | Quantum3 Group LLC as agent for Comenity Bank | 7100-000 | \$280.00 | \$280.48 | \$280.48 | \$112.30 |
| 3 | Quantum3 Group LLC as agent for Comenity Bank | 7100-000 | \$538.00 | \$523.36 | \$523.36 | \$209.52 |
| 4 | Quantum3 Group LLC as agent for Comenity Bank | 7100-000 | \$319.00 | \$319.96 | \$319.96 | \$128.09 |
| 5 | Capital One, N.A. | 7100-000 | \$2,698.00 | \$2,753.97 | \$2,753.97 | \$1,102.52 |
| 6 | Cavalry SPVI LLC assignee Capital One, NA | 7100-000 | \$494.00 | \$519.59 | \$519.59 | \$208.01 |
| 7 | PYOD LLC its successors & assigns as assignee of Citibank NA | 7100-000 | \$3,048.00 | \$3,048.38 | \$3,048.38 | \$1,220.39 |
| 8 | PYOD LLC its successors & assigns as assignee of Citibank NA | 7100-000 | \$1,987.00 | \$1,987.15 | \$1,987.15 | \$795.53 |
| 9 | Synchrony Bank | 7100-000 | \$777.00 | \$992.94 | \$992.94 | \$397.51 |
| 10 | Synchrony Bank | 7100-000 | \$2,800.00 | \$2,887.83 | \$2,887.83 | \$1,156.11 |
| 11 | Synchrony Bank | 7100-000 | \$5,100.00 | \$5,100.76 | \$5,100.76 | \$2,042.03 |
| 12 | Synchrony Bank | 7100-000 | \$2,851.00 | \$2,965.61 | \$2,965.61 | \$1,187.25 |
| 13 | Synchrony Bank | 7100-000 | \$620.00 | \$848.04 | \$848.04 | \$339.50 |
| N/F | Medical Recovery Specialists Bankruptcy Department | 7100-000 | \$252.00 | NA | NA | \$0.00 |
| N/F | NorthShore Univ Health System Bankruptcy Dept | 7100-000 | \$5,446.00 | NA | NA | \$0.00 |

| | | | | | | |
|---|---|----------|--------------------|--------------------|--------------------|-------------------|
| N/F | NorthShore Univ Health System Bankruptcy Dept | 7100-000 | \$1,572.00 | NA | NA | \$0.00 |
| N/F | BK OF AMER | 7100-000 | \$2,973.00 | NA | NA | \$0.00 |
| N/F | Mcydsnb | 7100-000 | \$690.00 | NA | NA | \$0.00 |
| N/F | Northshore University HealthSystem Prof C/o Pinnacle Mana | 7100-000 | \$1,572.00 | NA | NA | \$0.00 |
| N/F | CHLD/CBNA | 7100-000 | \$393.00 | NA | NA | \$0.00 |
| N/F | CAP1/Carsn | 7100-000 | \$0.00 | NA | NA | \$0.00 |
| N/F | Blue Cross Blue Shield | 7100-000 | \$714.00 | NA | NA | \$0.00 |
| N/F | Chase CARD | 7100-000 | \$3,906.00 | NA | NA | \$0.00 |
| N/F | Evanston Hospital | 7100-000 | \$100.00 | NA | NA | \$0.00 |
| TOTAL GENERAL UNSECURED CLAIMS | | | \$40,230.00 | \$23,538.63 | \$23,538.63 | \$9,423.44 |

Form 1

Exhibit 8

Page: 1

**Individual Estate Property Record and Report
Asset Cases**

Case No.: 15-08508

Case Name: NAVARRO, LILIA

Trustee Name: (330480) Deborah Ebner

Date Filed (f) or Converted (c): 03/10/2015 (f)

§ 341(a) Meeting Date: 04/16/2015

For Period Ending: 03/31/2016

Claims Bar Date: 07/27/2015

| 1 Asset Description (Scheduled And Unscheduled (u) Property) | | 2 Petition/ Unscheduled Values | 3 Estimated Net Value (Value Determined By Trustee, Less Liens, Exemptions, and Other Costs) | 4 Property Formally Abandoned OA=\$554(a) abandon. | 5 Sale/Funds Received by the Estate | 6 Asset Fully Administered (FA)/ Gross Value of Remaining Assets |
|--|--|---|--|---|--|--|
| Ref. # | | | | | | |
| 1 | checking account with Chase | 111.00 | 0.00 | | 0.00 | FA |
| 2 | Best Buy - Computer | 100.00 | 0.00 | | 0.00 | FA |
| 3 | Household Goods; TV, DVD player, couch, utensils | 1,500.00 | 0.00 | | 0.00 | FA |
| 4 | Books, CD's, DVD's, Tapes/Records, Family Pictur | 100.00 | 0.00 | | 0.00 | FA |
| 5 | Necessary wearing apparel. | 100.00 | 0.00 | | 0.00 | FA |
| 6 | Earrings, watch, costume jewelry, wedding rings | 300.00 | 0.00 | | 0.00 | FA |
| 7 | Workers compensation case pending with Salk & As | 14,000.00 | 14,000.00 | | 125,000.00 | FA |
| 8 | Anticipated 2014 tax refund and tax credits. Joi | 4,372.00 | 2,022.00 | | 0.00 | FA |
| 8 | Assets Totals (Excluding unknown values) | \$20,583.00 | \$16,022.00 | | \$125,000.00 | \$0.00 |

Major Activities Affecting Case Closing:

Monitoring state court action.

Initial Projected Date Of Final Report (TFR): 12/31/2016

Current Projected Date Of Final Report (TFR): 12/31/2016

Form 2

Cash Receipts And Disbursements Record

Case No.: 15-08508
Case Name: NAVARRO, LILIA
Taxpayer ID #: **_***7236
For Period Ending: 03/31/2016

Trustee Name: Deborah Ebner (330480)
Bank Name: Rabobank, N.A.
Account #: *****1666 Checking Account
Blanket Bond (per case limit): \$5,000,000.00
Separate Bond (if applicable): N/A

| 1 | 2 | 3 | 4 | | 5 | 6 | 7 |
|------------------|-----------------|-------------------------------------|--|--------------------|------------|-----------------|-----------------|
| Transaction Date | Check or Ref. # | Paid To / Received From | Description of Transaction | Uniform Tran. Code | Deposit \$ | Disbursement \$ | Account Balance |
| 06/22/2015 | | Steven Salk & Assoicates, Ltd | Gross settlement of \$125,000.00 less attorney fees and expenses, medical liens adjudicated in State Court for which payment authorized by BK Court. | | 37,081.06 | | 37,081.06 |
| | {7} | Steven Salk & Assocites | Gross Settlement \$125,000.00 | 1129-000 | | | 37,081.06 |
| | | Steven B Salk | Special Counsel for Trustee Fees -\$41,666.67 | 3210-000 | | | 37,081.06 |
| | | Steven B Salk | Special Counsel Expenses -\$1,303.83 | 3220-000 | | | 37,081.06 |
| | | Marque Medicus Fullerton | Medical Lien payment of which authorized by Ct. Order -\$15,000.00 | 4220-000 | | | 37,081.06 |
| | | Medicos Pain & Surgical Specialists | Medical Lien payment of which authorized by Ct. Order -\$9,000.00 | 4220-000 | | | 37,081.06 |

Form 2

Cash Receipts And Disbursements Record

Case No.: 15-08508
Case Name: NAVARRO, LILIA
Taxpayer ID #: **_***7236
For Period Ending: 03/31/2016

Trustee Name: Deborah Ebner (330480)
Bank Name: Rabobank, N.A.
Account #: *****1666 Checking Account
Blanket Bond (per case limit): \$5,000,000.00
Separate Bond (if applicable): N/A

| 1 | 2 | 3 | 4 | | 5 | 6 | 7 |
|------------------|-----------------|--------------------------------------|---|--------------------|------------|-----------------|-----------------|
| Transaction Date | Check or Ref. # | Paid To / Received From | Description of Transaction | Uniform Tran. Code | Deposit \$ | Disbursement \$ | Account Balance |
| | | Archer Open MRA | Medical Lien payment of which authorized by Ct. Order -\$1,132.43 | 4220-000 | | | 37,081.06 |
| | | Chicago Orthopedic & Sports Medicine | Medical Lien payment of which authorized by Ct. Order -\$1,095.00 | 4220-000 | | | 37,081.06 |
| | | Metro Anesthesia Consultant | Medical Lien payment of which authorized by Ct. Order -\$1,700.00 | 4220-000 | | | 37,081.06 |
| | | Midwest Neurusurgery | Medical Lien payment of which authorized by Ct. Order -\$416.62 | 4220-000 | | | 37,081.06 |
| | | Elite Physical Therapy | Medical Lien payment of which authorized by Ct. Order -\$10,348.00 | 4220-000 | | | 37,081.06 |

Form 2

Cash Receipts And Disbursements Record

Case No.: 15-08508
Case Name: NAVARRO, LILIA
Taxpayer ID #: **_***7236
For Period Ending: 03/31/2016

Trustee Name: Deborah Ebner (330480)
Bank Name: Rabobank, N.A.
Account #: *****1666 Checking Account
Blanket Bond (per case limit): \$5,000,000.00
Separate Bond (if applicable): N/A

| 1 | 2 | 3 | 4 | | 5 | 6 | 7 |
|------------------|-----------------|---------------------------------------|--|--------------------|------------|-----------------|-----------------|
| Transaction Date | Check or Ref. # | Paid To / Received From | Description of Transaction | Uniform Tran. Code | Deposit \$ | Disbursement \$ | Account Balance |
| | | American Center for Spine | Medical Lien payment of which authorized by Ct. Order -\$658.08 | 4220-000 | | | 37,081.06 |
| | | Lake Conty Nuero Monitoring | Medical Lien payment of which authorized by Ct. Order -\$2,394.98 | 4220-000 | | | 37,081.06 |
| | | Industrial Pharmacy Management | Medical Lien payment of which authorized by Ct. Order -\$1,203.33 | 4220-000 | | | 37,081.06 |
| | | Medicos Pain and Surgical Specialists | Medical Lien payment authorized pursuant to ct. order -\$2,000.00 | 4220-000 | | | 37,081.06 |
| 07/31/2015 | | Rabobank, N.A. | Bank and Technology Services Fee | 2600-000 | | 55.11 | 37,025.95 |
| 08/31/2015 | | Rabobank, N.A. | Bank and Technology Services Fee | 2600-000 | | 51.48 | 36,974.47 |
| 09/02/2015 | 101 | Lilia Navarro | Ref # EXEMPTION OF DEBTOR | 8100-000 | | 15,000.00 | 21,974.47 |

Form 2

Cash Receipts And Disbursements Record

Case No.: 15-08508
Case Name: NAVARRO, LILIA
Taxpayer ID #: **_***7236
For Period Ending: 03/31/2016

Trustee Name: Deborah Ebner (330480)
Bank Name: Rabobank, N.A.
Account #: *****1666 Checking Account
Blanket Bond (per case limit): \$5,000,000.00
Separate Bond (if applicable): N/A

| 1 | 2 | 3 | 4 | | 5 | 6 | 7 |
|------------------|-----------------|---|--|--------------------|------------|-----------------|-----------------|
| Transaction Date | Check or Ref. # | Paid To / Received From | Description of Transaction | Uniform Tran. Code | Deposit \$ | Disbursement \$ | Account Balance |
| 11/24/2015 | 102 | Deborah K. Ebner, Trustee | Dividend paid 100.00% on \$8,750.00, Trustee Compensation; Reference: TRUSTEE COMPENSATION | 2100-000 | | 8,750.00 | 13,224.47 |
| 11/24/2015 | 103 | Deborah K. Ebner, Trustee | Dividend paid 100.00% on \$283.03, Trustee Expenses; Reference: TRUSTEE EXPENSES | 2200-000 | | 283.03 | 12,941.44 |
| 11/24/2015 | 104 | Deborah K. Ebner | Dividend paid 100.00% on \$3,518.00, Attorney for Trustee Fees (Trustee Firm); Reference: EBNER LQW COMPENSATION | 3110-000 | | 3,518.00 | 9,423.44 |
| 11/24/2015 | 105 | Quantum3 Group LLC as agent for Comenity Bank | Dividend paid 40.03% on \$1,310.56; Claim# 1; Filed: \$1,310.56; Reference: NULL | 7100-000 | | 524.68 | 8,898.76 |
| 11/24/2015 | 106 | Quantum3 Group LLC as agent for Comenity Bank | Dividend paid 40.03% on \$280.48; Claim# 2; Filed: \$280.48; Reference: NULL | 7100-000 | | 112.30 | 8,786.46 |
| 11/24/2015 | 107 | Quantum3 Group LLC as agent for Comenity Bank | Dividend paid 40.03% on \$523.36; Claim# 3; Filed: \$523.36; Reference: NULL | 7100-000 | | 209.52 | 8,576.94 |

{ } Asset Reference(s)

UST Form 101-7-TDR (10 /1/2010)

! - transaction has not been cleared

Form 2

Cash Receipts And Disbursements Record

Case No.: 15-08508
Case Name: NAVARRO, LILIA
Taxpayer ID #: **_***7236
For Period Ending: 03/31/2016

Trustee Name: Deborah Ebner (330480)
Bank Name: Rabobank, N.A.
Account #: *****1666 Checking Account
Blanket Bond (per case limit): \$5,000,000.00
Separate Bond (if applicable): N/A

| 1 | 2 | 3 | 4 | | 5 | 6 | 7 |
|------------------|-----------------|--|--|--------------------|------------|-----------------|-----------------|
| Transaction Date | Check or Ref. # | Paid To / Received From | Description of Transaction | Uniform Tran. Code | Deposit \$ | Disbursement \$ | Account Balance |
| 11/24/2015 | 108 | Quantum3 Group LLC as agent for Comenity Bank | Dividend paid 40.03% on \$319.96; Claim# 4; Filed: \$319.96; Reference: NULL | 7100-000 | | 128.09 | 8,448.85 |
| 11/24/2015 | 109 | Capital One, N.A. | Dividend paid 40.03% on \$2,753.97; Claim# 5; Filed: \$2,753.97; Reference: NULL | 7100-000 | | 1,102.52 | 7,346.33 |
| 11/24/2015 | 110 | Cavalry SPVI LLC assignee Capital One, NA | Dividend paid 40.03% on \$519.59; Claim# 6; Filed: \$519.59; Reference: NULL | 7100-000 | | 208.01 | 7,138.32 |
| 11/24/2015 | 111 | PYOD LLC its successors & assigns as assignee of Citibank NA | Dividend paid 40.03% on \$3,048.38; Claim# 7; Filed: \$3,048.38; Reference: NULL | 7100-000 | | 1,220.39 | 5,917.93 |
| 11/24/2015 | 112 | PYOD LLC its successors & assigns as assignee of Citibank NA | Dividend paid 40.03% on \$1,987.15; Claim# 8; Filed: \$1,987.15; Reference: NULL | 7100-000 | | 795.53 | 5,122.40 |
| 11/24/2015 | 113 | Synchrony Bank | Dividend paid 40.03% on \$992.94; Claim# 9; Filed: \$992.94; Reference: NULL | 7100-000 | | 397.51 | 4,724.89 |

Form 2

Cash Receipts And Disbursements Record

Case No.: 15-08508
Case Name: NAVARRO, LILIA
Taxpayer ID #: **_***7236
For Period Ending: 03/31/2016

Trustee Name: Deborah Ebner (330480)
Bank Name: Rabobank, N.A.
Account #: *****1666 Checking Account
Blanket Bond (per case limit): \$5,000,000.00
Separate Bond (if applicable): N/A

| 1 | 2 | 3 | 4 | | 5 | 6 | 7 |
|-------------------------------------|-----------------|-------------------------|---|--------------------|--------------------|--------------------|-----------------|
| Transaction Date | Check or Ref. # | Paid To / Received From | Description of Transaction | Uniform Tran. Code | Deposit \$ | Disbursement \$ | Account Balance |
| 11/24/2015 | 114 | Synchrony Bank | Dividend paid 40.03% on \$2,887.83; Claim# 10; Filed: \$2,887.83; Reference: NULL | 7100-000 | | 1,156.11 | 3,568.78 |
| 11/24/2015 | 115 | Synchrony Bank | Dividend paid 40.03% on \$5,100.76; Claim# 11; Filed: \$5,100.76; Reference: NULL | 7100-000 | | 2,042.03 | 1,526.75 |
| 11/24/2015 | 116 | Synchrony Bank | Dividend paid 40.03% on \$2,965.61; Claim# 12; Filed: \$2,965.61; Reference: NULL | 7100-000 | | 1,187.25 | 339.50 |
| 11/24/2015 | 117 | Synchrony Bank | Dividend paid 40.03% on \$848.04; Claim# 13; Filed: \$848.04; Reference: NULL | 7100-000 | | 339.50 | 0.00 |
| COLUMN TOTALS | | | | | 37,081.06 | 37,081.06 | \$0.00 |
| Less: Bank Transfers/CDs | | | | | 0.00 | 0.00 | |
| Subtotal | | | | | 37,081.06 | 37,081.06 | |
| Less: Payments to Debtors | | | | | | 15,000.00 | |
| NET Receipts / Disbursements | | | | | \$37,081.06 | \$22,081.06 | |

Exhibit 9

Page: 8

Form 2

Cash Receipts And Disbursements Record

Case No.: 15-08508
Case Name: NAVARRO, LILIA
Taxpayer ID #: **_***7236
For Period Ending: 03/31/2016

Trustee Name: Deborah Ebner (330480)
Bank Name: Rabobank, N.A.
Account #: *****1666 Checking Account
Blanket Bond (per case limit): \$5,000,000.00
Separate Bond (if applicable): N/A

| TOTAL - ALL ACCOUNTS | NET DEPOSITS | NET DISBURSEMENTS | ACCOUNT BALANCES |
|-----------------------------|---------------------|--------------------------|-------------------------|
| *****1666 Checking Account | \$37,081.06 | \$22,081.06 | \$0.00 |
| | \$37,081.06 | \$22,081.06 | \$0.00 |